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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000753

REINSTATEMENT 03-04

04-13-04 01016 017 # 70.00
02-06-03 01071 001 # 61.25 TK

03-04

1. Corporation Name
VILLA ROYAL OF MIAMI CONDOMINIUM ASSOCIATION, INC

2. Principal Office Address	3. Mailing Office Address
6855 ABBOTT AVE MIAMI BEACH FL 33141	VILLA ROYAL OF MIAMI CONDO. PO BOX 4505 - MIAMI BEACH FL 33141
Suite, Apt. #, etc.	Suite, Apt. #, etc. P. O. BOX 4505
City & State MIAMI BEACH FL	City & State MIAMI BEACH FL
Zip 33141 Country	Zip 33141 Country

4. Date Incorporated or Qualified To Do Business in Florida 2-13-1996

5. FEI Number 650645736 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name RAUL SANCHEZ

Street Address (P.O. Box Number is Not Acceptable)
6855 ABBOTT AVE

Suite, Apt. #, Etc. # 401

City MIAMI BEACH | State FL | Zip Code 33141

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Raul Sanchez (REGISTERED AGENT MUST SIGN) Date 8/1/04

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GINO VEIZAGA	6855 ABBOTT AVE # 203	MIAMI BEACH FL 33141
TD	DESSY CAMACHO	6855 ABBOTT AVE # 803	MIAMI BEACH FL 33141
T	AGUSTIN VILLANUEVA	6855 ABBOTT AVE # 702	MIAMI BEACH FL 33141
D	OFELIA ALBO	6855 ABBOTT AVE # 204	MIAMI BEACH FL 33141
T	ELIZABETH LOPEZ	6855 ABBOTT AVE # 804	MIAMI BEACH FL 33141

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09/03/04--01060--008 **166.25

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: DESSY CAMACHO 8/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #